

Patient Navigator in cancer care—A specialized oncology nurse role that contributes to high-quality, person-centred care experiences and clinical efficiencies

CANO/ACIO POSITION

- Individuals with cancer and their families are entitled to receive navigation supports from specialized oncology nurses to support their often-complex trajectories of care across multiple healthcare systems.
- Specialized oncology nurses provide targeted supports and strategies to coordinate their care within systems and overcome barriers to care to individuals with cancer and their families.
- Specialized oncology nurses employed in roles that primarily focus on patient navigation in cancer care, improve outcomes such as improved access to care, continuity of care, clinical efficiencies, patient engagement and improved patient experience.

Patient navigation in cancer care is defined as a “proactive, intentional process of collaborating with a person and their family to provide guidance as they negotiate the maze of treatments, services and potential barriers throughout the cancer journey” (Canadian Partnership against Cancer [CPAC], 2012, p. 5).

This role, when carried out by a nurse with oncology expertise contributes to positive outcomes for patients, families and their caregivers. Patient navigators focus on understanding the unique barriers to care experienced by their patient and then work to help the patient overcome these barriers. They coordinate care events across time to meet patients’ changing needs. Patient navigators enable effective interdisciplinary care by actively intervening to optimize access to services, clinical schedules, processes and communication between care teams to enhance the patient care (Case, 2011; Cantril & Haylock, 2013; McMullen, 2013; Pedersen et al., 2014).

CANO/ACIO established seven practice standards for the specialized oncology nurse (2006). All practice standards apply to nursing practice within Patient Navigator roles, but as a Patient Navigator, primary competencies revolve around facilitating continuity of care/navigating the system, teaching/coaching and supportive and therapeutic relationships.

RATIONALE—BEST EVIDENCE SUPPORTING CANO/ACIO POSITION

Many aspects of the Canadian cancer care landscape are changing and have contributed to the recognition that a new oncology nurse role, which focuses primarily on care coordination/navigation, is required to deliver high-quality, person-centred care. These factors include:

- The number of patients with cancer in Canada continues to grow exponentially, with one in two Canadians expected to develop cancer in their life time (Canadian Cancer Society [CCS], 2017).
- More effective treatments have been developed, resulting in more people living with cancer than ever before (CCS, 2017).
- Many new cancer treatments are more complex to administer and they are producing unfamiliar complex side effect profiles (Levit, 2013). The widespread use of checkpoint inhibitor therapy and the introduction of CAR-T cell therapy are two examples of an evolving and complex treatment landscape in oncology.
- Cancer treatments taken orally are more predominant, creating a higher self-management burden for patients (Given et al., 2017).

- Traveling to receive cancer care creates additional burdens to the patient and their family (Matthews, et al., 2009), thus cancer care delivery models are shifting to embed more oncology treatments in local communities (Corrie et al., 2013)
- Diverse populations experience the impact of cancer and its treatment differently, and adaptations to care are needed to address these populations’ unique needs (Brown et al., 2016).

As the number of Canadians living with or beyond cancer continues to grow, it is unrealistic to expect that any one provider can meet a patient’s myriad needs, or that all patients with cancer will have a standard set of care needs. The scope and focus of the patient navigator role are defined by the host organization and provincial legislation, in recognition of key areas where improved care coordination and navigation supports would facilitate improved system efficiencies and patient experience. Programs may vary around being tumour specific or generalist, focused on specific timepoints in the care trajectory or organized around a specialized and/or marginalized population or geographic area. In Canada, the large majority of navigator roles are filled by specialized oncology nurses. While the model of care for navigation may vary, the core intention and outcomes are the same: to overcome barriers to timely care, facilitate coordination of care and enhance the delivery of high-quality, person-centred oncology care.

Cancer care delivery systems, historically, have been focused on the diagnosis and treatment of cancer, but as our cancer care system has evolved, the cancer experience has become more fragmented and complicated. As a result,

every cancer agency in Canada now has some type of focused navigation activities underway, including a variety of professional, lay, and self-navigation models (CPAC, 2012). The outcomes of navigation are heavily influenced by the type of navigation model the care agency has chosen to implement. A professional model that employs specialized oncology nurses allows for the patient navigator role to be responsive and adaptive to the full range of patient and family needs that may be experienced across their cancer experience, while also improving efficiencies in the care delivery system (Case, 2011; Swanson & Koch, 2010).

The cancer care system is complex,

often involving multiple entry points, care providers and clinical areas. While reducing fragmentation within the system will enhance the patients experience and access to care, as healthcare providers we have the privileged position of being fluent with the system and how to travel through it. Cancer patients entering the system do not have the same knowledge and expertise to be able to always anticipate the barriers and challenges that can be part of a cancer diagnosis or with navigating a complex healthcare system.

With many provinces in Canada now recognizing navigation as a key component of an integrated system of cancer care and an effective way to improve the

delivery of person-centred care and clinical efficiencies, this position statement is intended to clarify the impact of having a specialized oncology nurse in the patient navigation role. With growing interest in navigation programs among patients, healthcare providers and policy-makers across Canada, as a means to improve coordination and continuity of care, and to facilitate timely access to healthcare services, it is important to understand patient navigation in cancer care as one of the family of specialized oncology nurse roles.

Approval by CANO/ACIO Board

Original Approval Date: April, 2020

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